



MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
FOREST, MINERAL AND FIRE MANAGEMENT DIVISION  
MICHIGAN'S COMMERCIAL FOREST (CF) PROGRAM

**NOTIFICATION PRIOR TO CUTTING, HARVESTING, OR  
REMOVAL OF FOREST PRODUCTS FROM CF LAND**

*Required by authority of Sections 51110 and 51111 of 1994 PA 451, as amended.*

**NOTE:** This notification must be typed or printed, signed, and submitted at least \_\_\_\_\_ calendar days before cutting to the DNR forester named in Section 9 located on the reverse side of this notification. If you have any questions please phone the DNR forester at the number listed in Section 9 on reverse side of this notification.

FOR DNR USE ONLY			
Rec'd Date	DNR Office	Case No.	Notification No.

**1. Primary Owner (Where official correspondence should be sent.)**

Name:	Work Telephone Number:
Address:	Home Telephone Number:
City, State, Zip Code:	

**2. Statement of Intent**

I/we intend to cut, harvest or remove forest products from the CF lands described below starting on or about \_\_\_\_\_, and ending on or about \_\_\_\_\_.

County:	Township:	CF Case Number(s):
Town:	Range:	Section:
Legal Description(s):		

**3. Map of Cutting Area**

North ↑ (T\_\_\_\_\_) (R\_\_\_\_\_) (Section \_\_\_\_\_)

(Draw in cutting boundary and cross hatch cutting area.)


Scale 1 inch = 1/4 mile / 20 chains / 1320 feet

**4. Practices (Check one or more.)**

Yes	Harvest Cutting Practice	Acres
	Clear-cut	
	Selection	
	Diameter Limit	
	Shelterwood	
	Seed Tree	
	Other (Describe)	
Yes	Improvement Cutting Practice	Acres
	Thinning and Release	
	Cull Tree Removal	
	Cleaning	
	Other (Describe)	
Yes	Regeneration Practice	Acres
	Natural	
	Planting	
	Scarification/Direct Seeding	
	Other (Describe)	

**5. Cutting Contractor Information**

Cutting Contract No.:

Name:

Address:

City, State and Zip Code:

Telephone Number:  
( )

#### 6. Compliance with Forest Management Plan

I/we hereby certify that this cutting, harvesting, or removal of forest products complies with the written forest management plan now in effect for the described CF lands that is required by the CF law and rules.

This forest management plan was prepared and signed by:

Name:	Title:	Michigan Registered Forester Number (if applicable):
Address:	Date Signed by Plan Writer:	
City, State, and Zip Code:	Telephone Number: (       )	

#### 7. Owner Comments

#### 8. Attest to Cutting Notification

I/we hereby certify that to the best of my/our knowledge and belief, the foregoing statements are true and correct and I/we intend to cut, harvest, or remove forest products from the described CF lands.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year) (City) (State)

Owner Signature:	Date:
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#### 9. Submittal Information

**Please mail this completed cutting, harvesting or removal notification to:**

ATTN: \_\_\_\_\_, DNR FORESTER  
COMMERCIAL FOREST CUTTING NOTIFICATIONS  
FOREST MANAGEMENT DIVISION  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

PHONE: (       ) \_\_\_\_\_

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